Revision: HCFA-PM-91-

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(BPD)



ATTACHMENT 2.2-A Page 13a

0938-

OMB NO.: State: New York Agency\* Citation(s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of \_\_\_\_\_). Inpatient psychiatric services for individuals under age 21 are provided under this plan. Other defined groups (and ages), as specified in Supplement 1 of <a href="https://doi.org/10.2016/journal.com/">ATTACHMENT 2.2-A</a>. (6)

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Page 14

OMB NO.: 0938-

State:	New	York
State:	MeM	ĭ

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)(10) (A)(ii)(VIII) of the Act



- 8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement-
  - a. Was eligible for Medicaid under the State's approved Medicaid plan; or
  - b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of-
X 21
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19

18

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ATTACHMENT 2.2-A Page 14a OMB No.: 0938-

New York State: Agency Citation (s) Groups Covered B. Optional Groups Other Than the Medically Needy (Continued) 9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under title IV-A: 42 CFR 435,223 / Individuals under the age of --1902(4)(10) (A)(ii) and \_\_\_21 1905(a) of 20 \_\_\_19 the Act \_18 Caretaker relatives Pregnant women

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Effective Date OCT 1 1991

HCFA ID: 7983E

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Agency\*

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Citation(s)

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State: New York

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.230 <u>∕</u>ጃ⁄ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

> The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- Based on need and paid in cash on a regular a. basis.
- Equal to the difference between the b. individual's countable income and the income standard used to determine eligibility for the supplement.
- Available to all individuals in the State. c.
- Paid to one or more of the classifications d. of individuals listed below, who would be eligible for SSI except for the level of their income.
- All aged individuals. **x**\_ (1)
- х All blind individuals. (2)
- x All disabled individuals. (3)

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Sta	te:	iew tork		
gency* Citati	on(s)			Groups Covered
	В.	Optional (Continue		Other Than the Medically Needy
				Aged individuals in domiciliary facilities or other group living
42 CFR 435.2	30		(5)	arrangements as defined under SSI. Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
				Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
			(7)	Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(8)	Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
			(9)	Individuals in additional classifications approved by the Secretary as follows:

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Agency\*

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OMB NO.: 0938-

State: New York

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

The supplement varies in income standard by political subdivisions according to cost-of-living differences.

x yes.

No.

The standards for optional State supplementary payments are listed in Supplement 6 of  $\frac{\text{ATTACHMENT}}{2.6-\text{A}}$ .

TN No. \_\_\_\_\_\_Approval Date \_\_\_\_\_

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	State: _	New York	ONB NO 0730
Agency* C	itation(s)		Groups Covered
			onal Groups Other Than the Medically Needy tinued)
42 CFR 435.121 1902(a)		<u>/</u> 11.	Section 1902(f) States and SSI criteria States without agreements under section 1616 or 1634 of the Act.
(A)(ii)(XI) of the Act		The following groups of individuals who receive a State supplementary payment under an approved optional State supplementary payment program that meets the following conditions. The supplement is	
			<ul> <li>Based on need and paid in cash on a regular basis.</li> </ul>
			b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
			c. Available to all individuals in each classification and available on a Statewide basis.
			d. Paid to one or more of the classifications of individuals listed below:
			(1) All aged individuals.
			(2) All blind individuals.
			(3) All disabled individuals.
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			HCFA ID: 7983E

Revision: HCFA-PM-87-4

**MARCH 1987** 

(BERC)

ATTACHMENT 2.2-A

Page 17a

OMB NO.: 0938-0193

Agency*	Citation(s)		Groups Covered	87	35
£**	1902(a)(10) (A)(ii)(IX) and 1902(1) of the Act, P.L. 99-509 (Sections 9401(a) and (b))	13.	The following individuals who a described in section 1902(a)(10 the Act whose income level (est at an amount up to 100 percent Federal nonfarm poverty line) s Supplement 1 to ATTACHMENT 2.6-family of the same size, includ woman and infant or child and w resource standards specified in ATTACHMENT 2.6-A:	)(A)(i) of ablished of the pecified in A for a ing the ho meet the	ı
			(a) Women during pregnancy (and 60-day period beginning on pregnancy) and infants unde age (effective April 1, 198	the last da r one year	y of
) 47	<b>-</b>		(b) Children who have attained but not attained two years (effective October 1, 1987)	of age	age
			(c) Children who have attained but not attained three year (effective October 1, 1988)	s of age	f age .
			(d) Children who have attained age but not attained four y (effective October 1, 1989)	ears of age	
			(e) Children who have attained age but not attained five you (effective October 1, 1990)	ears of age	of
	•		Infants and children covered uncertainty through (e) above who are received services on the date they reach for coverage under the approved continue to be eligible for inparticular to the services.	ving inpation the maximum plan will	ent m age

\*Agency that determines eligibility for coverage.

until the end of the stay for which the

inpatient services are furnished.

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MARCH 1987

(BERC)

ATTACHMENT 2.2-A

Page 17b

OMB NO.: 0938-0193

35A Groups Covered Agency\* Citation(s) The payment levels under the approved State AFDC plan are no lower than the AFDC payment levels in effect under the approved AFDC plan on April 17, 1986. / / Yes. /X/ Not applicable. The State does not provide coverage of this optional categorically needy group. 14. In addition to individuals covered under 1902(a) item B.13, individuals--(10)(A)(ii)(X) and 1902(m) (a) Who are 65 years of age or older or are disabled --(1) and (3)of the Act. As determined under section 1614(a)(3) P.L. 99-509 of the Act; or (Section 9402(a) and \_ As determined under more **(b)**) restrictive categorical eligibility criteria specified under item A.9(b) of this Attachment. (b) Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal nonfarm income poverty line) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and (c) Whose resources do not exceed the maximum amount allowed --\_ Under SSI; Under the State's more restrictive financial criteria; or \_\_ Under the State's medically needy

\*Agency that determines eligibility for coverage.

TN No. 87-35A Supersedes TN No.

Approval Date MAR 26 1990

program as specified in

ATTACHMENT 2.6-A.

Rffective Date JUL 0 1 1987

ncy\* Citation(s) Groups Covered 90 3 Sec 4101(a) 142 The following individuals who are described in Section 1902L(1)(A)(B) PL 100-203 Sec 1902L of the Act whose income level (1)(A)(B) (established at an amount up to 185% of the Act of the Federal non farm poverty line) specified in Supplement 1 page 2a to Attachment 2.6A for a family of the same XIX ~ size including the woman or infant under one who meet the resource standards specified in Supplement 2 to Attachment 2.6A. (a) Woman during pregnancy (and during the 60 day period beginning on the last day of pregnancy) and infants under one year of age (effective July 1, 1988). (b) The resource standard & methodology applied to the pregnant woman. The State does not apply a resource X standard. The State applies a resource standard not more restrictive than SST. (c) The resources standard & methodology applied to the child under one year. The State does not apply a resource standard. The State applies a resource standard not more restrictive than AFDC. (d) where the gross income of the pregnant woman or child (less child care expenses) exceeds 150% of the FPL for a family of relevant size a premium not to exceed 10% of the excess may be applied. The State does not apply a premium. The State applies a \_\_\_\_\_ percent premium. MAY 1 4 1990 TN NO. 90-3 APPROVAL DATE EFFECTIVE DATE JAN 0 1 1990 UPERSEDES TN NO. NEW